

Ask the Ethicist: Multifocal Lenses

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Q: *What are an ophthalmologist's ethical responsibilities in the management of a patient's expectations in cataract surgery with premium presbyopic IOLs?*

A: Appropriate ethical management of a patient candidate includes a thorough preoperative evaluation of eye health as well as an assessment of the patient's daily activities and visual needs. And patients should be thoroughly educated about the optical limitations and side effects of this group of lenses. Although patient counselors and ancillary educational materials such as pamphlets and videos are helpful, the surgeon must personally counsel the patient to ensure adequate appreciation of the options and limitations. The patient also should have a clear preoperative understanding of all costs, including who will cover the cost of additional surgery—such as IOL exchange or laser enhancements.

Marketing by both IOL companies and ophthalmology practices has caused some patients to believe that presbyopia-correcting IOLs will enable them to see without glasses both at distance and near following cataract surgery. In fact, many patients now come to ophthalmologists' offices requesting that a specific IOL be utilized in their surgery, fully expecting to be able to see sharply over a wide range of distances postoperatively.

Because the ophthalmologist is able to make a substantial profit from implanting these lenses, he or she becomes inherently conflicted regarding the advisability of recommending such a lens in a given patient. In this setting, as in all interactions with patients, the ethical premise that must be followed is always to place the best interests of the patient first, ahead of all other considerations or conflicts.

Some surgeons do not use some or all of these lenses by choice. Nevertheless, it is judicious for surgeons to discuss these lens options with all patients contemplating cataract surgery, explaining to the patient why these lenses are recommended or are not advised for them. In certain cases, it may be necessary to refer the patient to a different ophthalmologist who offers the best lens for that patient.

In general, by abiding by the golden rule of medicine, "do unto your patient as you would like your doctor to do unto you," surgeons will avoid being inappropriately influenced by the economic conflicts surrounding presbyopia-correcting IOLs.

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